



Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

|  |    |                        |                    |
|--|----|------------------------|--------------------|
|  |    | Application Number     | 10/583,241         |
|  |    | Filing Date            | 6/15/2006          |
|  |    | First Named Inventor   | Jerry R. Awbrey    |
|  |    | Art Unit               | 3754               |
|  |    | Examiner Name          | Stephanie E. Tyler |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | IDI-8-PCT-US       |

**ENCLOSURES (Check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to (TC)                          |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment / Reply                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                           | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | Return Receipt Postcard, Request for Continued Examination, Check for \$470             |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| <b>Remarks</b>  |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                          |          |       |
|--------------|--------------------------|----------|-------|
| Firm Name    | J. Bennett Mullinax, LLC |          |       |
| Signature    |                          |          |       |
| Printed name | Neal P. Pierotti         |          |       |
| Date         | December 17, 2009        | Reg. No. | 45716 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |                  |      |                   |
|-----------------------|------------------|------|-------------------|
| Signature             |                  |      |                   |
| Typed or printed name | Neal P. Pierotti | Date | December 17, 2009 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

 Applicant Claims small entity status. See 37 CFR 1.27

### Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/583,241         |
| Filing Date          | 6/15/2006          |
| First Named Inventor | Jerry R. Awbrey    |
| Examiner Name        | Stephanie E. Tyler |

TOTAL AMOUNT OF PAYMENT (\$)

405

Attorney Docket No.

IDI-8-PCT-US

### METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number: 50-3172 Deposit Account Name: J. Bennett Mullinax, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charges fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |                |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity | Fees Paid (\$) |
| Utility          | 330         | 165          | 540         | 270          | 220              | 110          | _____          |
| Design           | 220         | 110          | 100         | 50           | 140              | 70           | _____          |
| Plant            | 220         | 110          | 330         | 165          | 170              | 85           | _____          |
| Reissue          | 330         | 165          | 540         | 270          | 650              | 325          | _____          |
| Provisional      | 220         | 110          | 0           | 0            | 0                | 0            | _____          |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

52

26

Multiple dependent claims

220

110

390

195

Total Claims

##### Extra Claims

Fee (\$)

##### Fee Paid (\$)

Fee (\$)

##### Multiple Dependent Claims

##### Fee (\$)

##### Fee Paid (\$)

20 - 20 or HP = 0 x \$26.00 = \$ 0.00

\$195.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

##### Extra Claims

Fee (\$)

##### Fee Paid (\$)

Fee (\$)

3 - 3 or HP = 0 x \$110.00 = 0

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |            |               |
|--------------|--------------|--|------------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)   | Fee Paid (\$) |
| 37           | - 100 = 0    | / 50 = 0 (round up to a whole number)            | x \$135.00 | = \$ 0.00     |

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

405

### SUBMITTED BY

|                   |                  |  |                        |
|-------------------|------------------|--|------------------------|
| Signature         | Neal P. Pierotti | Registration No. 45716<br>(Attorney/Agent) | Telephone 864 987 9696 |
| Name (Print/Type) | Neal P. Pierotti | Date December 17, 2009                     |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

 Applicant Claims small entity status. See 37 CFR 1.27
**Complete if Known**

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/583,241         |
| Filing Date          | 6/15/2006          |
| First Named Inventor | Jerry R. Awbrey    |
| Examiner Name        | Stephanie E. Tyler |

|                         |         |
|-------------------------|---------|
| TOTAL AMOUNT OF PAYMENT | (\$ 405 |
|-------------------------|---------|

|          |      |
|----------|------|
| Art Unit | 3754 |
|----------|------|

|                     |              |
|---------------------|--------------|
| Attorney Docket No. | IDI-8-PCT-US |
|---------------------|--------------|

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 50-3172 Deposit Account Name: J. Bennett Mullinax, LLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Charges fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |                |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity | Fees Paid (\$) |
| Utility          | 330         | 165          | 540         | 270          | 220              | 110          |                |
| Design           | 220         | 110          | 100         | 50           | 140              | 70           |                |
| Plant            | 220         | 110          | 330         | 165          | 170              | 85           |                |
| Reissue          | 330         | 165          | 540         | 270          | 650              | 325          |                |
| Provisional      | 220         | 110          | 0           | 0            | 0                | 0            |                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| Small Entity |          |
|--------------|----------|
| Fee (\$)     | Fee (\$) |
| 52           | 26       |
| 220          | 110      |
| 390          | 195      |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims  | Extra Claims |          | Fee (\$)  | Fee Paid (\$) | Multiple Dependent Claims |          |
|---|--------------|----------|-----------|---------------|---------------------------|----------|
|   | Fee (\$)     | Fee (\$) |           |               | Fee (\$)                  | Fee (\$) |
| 20  | - 20 or HP = | 0        | x \$26.00 | = \$ 0.00     |                           |          |
| HP = highest number of total claims paid for, if greater than 20. |              |          |           |               | \$195.00                  |          |

Indep. Claims

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$)  |
|---------------|--------------|----------|----------------|
| 3             | - 3 or HP =  | 0        | x \$110.00 = 0 |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets       | Number of each additional 50 or fraction thereof | Fee (\$)   | Fee Paid (\$) |
|--------------|--------------------|--|------------|---------------|
| 37           | - 100 = 0 / 50 = 0 | (round up to a whole number)                     | x \$135.00 | = \$ 0.00     |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

405

**SUBMITTED BY**

|                   |                  |  |                        |
|-------------------|------------------|--|------------------------|
| Signature         | Neal P. Pierotti | Registration No. 45716<br>(Attorney/Agent) | Telephone 864 987 9696 |
| Name (Print/Type) | Neal P. Pierotti |  | Date December 17, 2009 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.